PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE, FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

	lexandria 703) 746-4	Iria, Virginia 22313-1450 6-4000						
INSTRUCTIONS: This form should be used for tra- apprepriate. All further correspondence including the indicated unless corrected below or directed otherwis maintenance for notifications.	e in Block 1, by	UE FRE and orders and not (a) specifying	Fat (*PUBLICA in cation of a new corr	TION FEE (f maintenance respondence a	if required fees valdress;	red). Block fill be maile and/or (b)	through 5 d to the current ndicating a sep	should be completed wher t correspondence address a arate "FEE ADDRESS" fo
23557 7590 10/08/2002-MERCHANT & GOULD PC P.O. BOX 2903 MINNE A.POLIS, MN 55402-0903	DEC 0 1 2	2004	Note: A certificate of mailing can only be used for domestic mailings of the Free(s) Transmittal. This certificate cannot be used for any other accompanyin pupers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. Certificate of Mailing or Transmission Acreby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for finit class mail in an envelop addressed to the Mai. Stop ISSUF FEE address above, or being facsimilarinsmitted to the USPTO (703) 746-4000, on the date indicated below.					
	V	PATE TRADE	MARTIN /	<u>Antonette</u>	<u>Peter</u>	<u>s</u>		(Depositor's name
			L KENDA .				(Signature)	
				November 29, 2004				(Date)
APPLICATION NO. FILING DATE		FIRST HAMED INVENTO				ATTORNEY DOCKET NO.		CONFIRMATION NO.
10/626,131 (7/23/3)03	-	Kan-Chang Liv				08688.0324US01		9367
		************	P. 41.01 W 0 W M 000	-		P-0		
APPLIN TYPE SMALL ENTITY	ISSUE FEE		FUBLICATION FEE		<u> </u>	TOTAL FEE(S) DUE		DATE DUE
nonprovisional YES	\$685		\$300			S	985	01/10/2005
EXAMINER	ART U	MIT C/		S-SUBCLASS				
SAKRAN, VICTOR N	3677	7 024-71		24-712500				
1. Change of correspondence address or indication of "FCFR 1.353). Li Change of correspondence address (or Change of Address for: PTO/SB/122) attached. "Free Address" indication (or "For A	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered atterney or agent) and the names of up to 2 registered patent; attorneys or agents. If no name is listed, no name will be printed.							
3. ASSIGNEE NAME AND RESIDENCE DATA TO B								
PLEASE NOTE: Unless an assigned is identified be recordation as set forth in 37 CFR 3.11 Completion (A) NAME OF ASSIGNEE		duta will appe La substrute: 3) RESIDENC			R COLF	NTRY) C:2501	ed below, the d REYENE2 0000	685.00 OP
Kun-Chung LIU	Taichun	g Hsien	, Taiwan		C:1504 C:8001		300.00 OP 6.00 OP	
Please clunk the appropriate assignee category or catego	ries (will not be pa	tiited on tie g	atens) : [2	Individual	O Cor	poration or	other private gro	up entity Government
4a. The following fee(s) are enclosed:	-413	. Payment of	*******			•		
X Issue Fee		A sheek in the amount of the fee(s) is enclosed.						
Publication Fee (No small entity discount permitted)		Payment by credit card. Form PTO-2038 is attached.						
Advance Order - # of Copies 2	The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposi: Account Number 13-2725 (enclose an extra copy of this form).							
5 Change in Entity Status (from status indicated above a Applicant claims SMALL ENTERY status. See							tatus. See 37 C.	
The Director of the USFTO is requested to apply the ssu NOTE: The Issue Fee and Publication Fee (if required) vintagest as shown by the records of the Upited States Pate	e Fee and Publicate vill not be accepted and Trademark	tor. Fee (if any I from anyone Office	y) or to re-a caher than	apply any pre the applicant;	viously a reg st	paid issue fe tered attorne	e to the applicate or the state of the state	tion identified above. te assignee or other party in

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the complete dapplication from to the USPTO. Time will vary depending upor the individual case. Any comments on the amount of time you require to complete this form such or suggestions for realizing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLISTED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTCIL-85 (Fitv. 09/04) Approved for use taough 04/30/2007.

Typed or printed name Michael D. Schumann

Authorized Signature

OMB 0651-0033 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Date November 29, 2004

Registration No. 30,422

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

pplicant:

LIU

Examiner:

Sakran, Victor N.

Serial No.:

10/626131

Group Art Unit:

Filed:

Docket:

3677

Confirmation

July 23, 2003 9367

Notice of Allow.

Date:

08688.0324US01 October 8, 2003

No.:

Due Date:

January 8, 2004

Title:

SHOELACE FASTENER

CERTIFICATE UNDER 37 CFR 1.8:

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, with sufficient postage, in an envelope addressed to: Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on November 29, 2004.

Name:

Mail Stop Issue Fee Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

23552 PATENT TRADEMARK OFFICE

Sir:

We are transmitting herewith the attached:

Transmittal Sheet in duplicate containing Certificate of Mailing

☐ Issue Fee Transmittal Part B (PTOL - 85)

Check(s) in the amount of \$685 for Issue Fee, \$300 for Publication Fee, \$6 for Copy Fee

Return postcard

Please consider this a PETITION FOR EXTENSION OF TIME for a sufficient number of months to enter these papers or any future reply, if appropriate. Please charge any additional fees or credit overpayment to Deposit Account No. 13-2725. A duplicate of this sheet is enclosed.

MERCHANT & GOULD P.C. P.O. Box 2903, Minneapolis, MN 55402-0903 612.332.5300

Name: Michael D. Schumann

Reg. No.: 30,422

MDS/acp